

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Securian, Inc PAC

ADDRESS (number and street) ▼

400 Robert Street North

☐ Check if different than previously reported. (ACC)

St Paul

MN

55101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00120006

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. John Regal

Signature of Treasurer

Mr. John Regal

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Securian, Inc PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5"></td><td>46718.44</td></tr></table>						46718.44
Y	Y	Y	Y	Y														
2016																		
					46718.44													
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5"></td><td>46718.44</td></tr></table>						46718.44											
					46718.44													
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5"></td><td>7485.00</td></tr></table>						7485.00	<table><tr><td colspan="5"></td><td>7485.00</td></tr></table>						7485.00				
					7485.00													
					7485.00													
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5"></td><td>54203.44</td></tr></table>						54203.44	<table><tr><td colspan="5"></td><td>54203.44</td></tr></table>						54203.44				
					54203.44													
					54203.44													
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5"></td><td>17000.00</td></tr></table>						17000.00	<table><tr><td colspan="5"></td><td>17000.00</td></tr></table>						17000.00				
					17000.00													
					17000.00													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5"></td><td>37203.44</td></tr></table>						37203.44	<table><tr><td colspan="5"></td><td>37203.44</td></tr></table>						37203.44				
					37203.44													
					37203.44													
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5"></td><td>0.00</td></tr></table>						0.00											
					0.00													



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Securian, Inc PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5199.00

5199.00

(ii) Unitemized

2286.00

2286.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7485.00

7485.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

7485.00

7485.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7485.00

7485.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

7485.00

7485.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	17000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17000.00	17000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	17000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7485.00	7485.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7485.00	7485.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Gary Christensen

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Minnesota Life Insurance Co

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6528

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

Full Name (Last, First, Middle Initial)

B. Laurence G Cochrane

Mailing Address 400 Robert Street North

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Securian Financial Group

Occupation
 VP - Retail Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6529

Amount of Each Receipt this Period

249.00

☐ Memo Item

monthly payroll deduction \$83.00

Full Name (Last, First, Middle Initial)

C. George Connolly

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Minnesota Life Insurance Co

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6530

Amount of Each Receipt this Period

300.00

☐ Memo Item

monthly payroll deduction \$100 (7/1/2015)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

999.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Sue Ebertz

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Minnesota Life Insurance Co

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11AI.6532

Amount of Each Receipt this Period

225.00

☐ Memo Item

monthly payroll deduction \$75.00

Full Name (Last, First, Middle Initial)

B. Robert Ehren

Mailing Address 400 Robert Street N

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Minnesota Life Insurance Co

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11AI.6533

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

Full Name (Last, First, Middle Initial)

c. Craig Frisvold

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Minnesota Life Insurance Co

Occupation
 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11AI.6537

Amount of Each Receipt this Period

300.00

☐ Memo Item

monthly payroll deduction \$100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. William M Gould

Mailing Address 400 Robert Street North

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

2nd - Individual

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6539

Amount of Each Receipt this Period

300.00

☐ Memo Item

monthly payroll deduction \$100.00

Full Name (Last, First, Middle Initial)

B. Dave LePlavy

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minnesota Life Insurance Company

Occupation

Second Vice President & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6544

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

Full Name (Last, First, Middle Initial)

C. Anthony J Martins

Mailing Address 400 Robert Street North

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

VP - Wealth Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6545

Amount of Each Receipt this Period

300.00

☐ Memo Item

monthly payroll deduction \$100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Kathy Pinkett

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance Co

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6552

Amount of Each Receipt this Period

450.00

☐ Memo Item

monthly payroll deduction \$150.00

Full Name (Last, First, Middle Initial)

B. David A Seidel

Mailing Address 400 Robert Street N

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Securian Financial Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6556

Amount of Each Receipt this Period

225.00

☐ Memo Item

monthly payroll deduction \$75.00

Full Name (Last, First, Middle Initial)

C. Bruce Shay

Mailing Address 400 Robert Street North

City State Zip Code
 St Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Life Insurance Co

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.6557

Amount of Each Receipt this Period

750.00

☐ Memo Item

monthly payroll deduction \$250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. Warren Zaccaro

Mailing Address 400 Robert Street North

City	State	Zip Code
St. Paul	MN	55101

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
Minnesota Life Insurance Co	Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.6562

Amount of Each Receipt this Period

750.00

☐ Memo Item

monthly payroll deduction \$250

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
------------------	------------

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
------------------	------------

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

5199.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN COUNCIL OF LIFE INSURANCE, LIFE INSURANCE PAC

Mailing Address 1001 PENNSYLVANIA AVE NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
Year to date aggregate \$5,000.00Candidate Name
AMERICAN COUNCIL OF LIFE INSURANCE, LIFE INSURANCE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SB23.6564

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City
WAUSAUState
WIZip Code
54402

Purpose of Disbursement

Candidate Name
DUFFY FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

Transaction ID : SB23.6565

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FINANCIAL SERVICES ROUNDTABLE PACMailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 500 SOUTHCity
WASHINGTONState
DCZip Code
20004

Purpose of Disbursement

Candidate Name
FINANCIAL SERVICES ROUNDTABLE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2016

Transaction ID : SB23.6563

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

A. HRCC

Mailing Address 161 St. Anthony Avenue #950

City	State	Zip Code
St. Paul	MN	55103

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2016

Transaction ID : SB23.6567

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Senate DFL Caucus

Mailing Address PO Box 65337

City	State	Zip Code
St. Paul	MN	55165

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2016

Transaction ID : SB23.6566

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

17000.00
